

## Air Operation Regulatory Questions

Question	Answer	Statute/Regs/Policy
1) What is the statutory and/or regulatory basis for a Local EMS Agency jurisdiction over interfacility transfers?	<p><b><i>There are several:</i></b></p>	<p><u>H&amp; S Code, Division 9, Chapter 2, Section 1797.52:</u>            “Advanced life support” means special services designed to provide definitive <b><i>prehospital emergency medical care, including, but not limited to...</i></b>and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, <b><i>during interfacility transfer</i></b>, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.”</p> <p><u>Section 1797.84:</u>            “Emergency Medical Technician-Paramedic,” EMT-P,” “paramedic” or mobile intensive care paramedic” means an individual whose scope of practice to provide <b><i>advanced life support</i></b> [see definition above] is according to standards prescribed by this division and who has a valid certificate issued pursuant to this division.”</p> <p><u>Section 1797.204</u>            “The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized patter of readiness and response services based <b><i>on public and private agreements and operational procedures.</i></b>”</p> <p><u>Section 1797.218:</u>            Any local EMS agency may authorize an <b><i>advanced life support</i></b> or limited advanced life support program which provides services utilizing EMT-II or EMT-P, or both, for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport to a general acute care hospital, <b><i>during interfacility transfer</i></b>, while in the emergency department of a general acute care hospital until care responsibility is assumed by the regular staff of that hospital, and during training within the facilities of a participating general acute hospital.”</p> <p><u>Title 22, Division 9, Chapter 4, Section 100144(c):</u>            “A paramedic or a licensed paramedic, as a part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, <b><i>or during interfacility transfer</i></b>, or while working in a small and rural hospital pursuant to Section 1797.195 of the H &amp; S Code, <b><i>may</i></b></p>

Question	Answer	Statute/Regs/Policy
		<p>perform the following procedures or administer the following medications when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.”</p> <p><b><u>Title 22, Division 9, Chapter 8, Article1, Section 100276:</u></b>  “Advanced life support” or “ALS” as used in this Chapter means any definitive prehospital emergency medical care role approved by the local EMS agency, in accordance with state regulations, which includes all of the <b><i>specialized care services listed in Section 1797.52 of the Health and Safety Code.</i></b>”</p> <p><b><u>§100280:</u></b>  “Air Ambulance as used in this Chapter means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls <b><i>and transporting critically ill or injured patients</i></b> whose medical flight crew has at a minimum two (2) attendants certified or licensed in <b><i>advanced life support.</i></b>” [see definition]</p> <p><b><u>§100300(b)(1):</u></b>  “(b) A local EMS agency may integrate aircraft into its prehospital patient transport system. Each local EMS agency choosing to integrate such aircraft into its prehospital care system shall develop a program which at a minimum: <b><i>(1)Classifies EMS aircraft in accordance with Section 100300(c)(3).</i></b>”</p> <p><b><u>§100300(c)(1):</u></b>  No person or organization shall provide or hold themselves out as providing prehospital Air Ambulance or Air Rescue services <b><i>unless that person or organization has aircraft which have been classified by a local EMS agency</i></b> or in the case of the California Highway Patrol, California Department of Forestry, and California National Guard, the EMS Authority.</p> <p><b><u>Title 22, Division 9, Chapter 12, Article1, Section 100401:</u></b>  “EMS Service Provider” means an organization employing certified EMT-I, certified EMT-II or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, <b><i>or during interfacility transfer.</i></b>”</p> <p><b><u>Court Cases:</u></b></p> <ol style="list-style-type: none"> <li>1. <b>A-1 Ambulance Service v County of Monterey {Funding}</b> 90 Fed.Rptr.3d 333 1515 (1996) [US Ninth Circuit Appeals]</li> <li>2. <b>Schaefer's Ambulance Service v County of San Bernardino {Funding}</b> 80 Cal.Rptr.2d 385 (1998) [Cal.App 4th]</li> </ol>

Question	Answer	Statute/Regs/Policy
<p>2) Is the transportation of prison inmates within the purview of the 911 system”? If so, what is the statutory and/or regulatory basis for that authority?</p>	<p><b>YES</b></p>	<p><b><u>H &amp; S 1797.204.</u></b>                      “The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.”  <b><u>H &amp; S 1797.220.</u></b>                      “The local EMS agency, using state minimum standards, <b><i>shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system.</i></b> The polices and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patients destination policies, patient care guidelines, and quality assurance requirements.”  <b><u>Nor-Cal EMS Policy &amp; Procedure:</u></b>                      The local EMS Agency is responsible for defining IFTs. In our region this is defined as “Acute Care Facility to Acute Care Facility.”</p>
<p>May an Air Ops program carry medication <b><u>not listed</u></b> in the Local EMS Agency’s formulary?</p>	<p><b>YES</b>, but is specifically defined by:</p> <ol style="list-style-type: none"> <li>1) The <u>classification</u> assigned to an air provider (per the provider agreement).</li> <li>2) The <u>ALS P/P (Nor-Cal EMS formulary)</u>.</li> <li>3) Any approved MICN SOPs.</li> <li>4) See question #7 for IFTs.</li> </ol> <p>All of these together define the Standard Drug and Equipment list for each provider.</p>	<p><b><u>H&amp; S 1798.(a)</u></b> – The medical direction and management of an emergency medical services system <b><i>shall be under the medical control of the medical director of the local EMS agency.</i></b> This medical control shall be maintained in accordance with standards for medical control established by the authority.”  <b><u>Title 22, Division 9, Chapter 8, Section 100306(c):</u></b>                      “Each EMS aircraft shall have on-board equipment and supplies <b><i>commensurate with the scope of practice of the medical flight crew as specified by the classifying EMS agency.</i></b> This requirement may be fulfilled through the utilization of appropriate kits (cases/packs) which can be carried on a given flight to meet the needs of a specific type of patient and/or additional medical personnel not usually staffing the aircraft.”  <b><u>Side Note - EMTALA Regs:</u></b>                      “An appropriate transfer of an unstabilized patient requires the use of proper personnel and equipment, as well as medically necessary life-support measures. IN the Interpretive Guidelines, HCFA has expressed the view that the sending physician has the responsibility to determine the appropriate mode, equipment and personnel for a transfer.”</p>

Question	Answer	Statute/Regs/Policy
<p>May an RN accept an order from a base station physician for a medication not listed in the Local EMS Agency formulary when working in the prehospital setting)</p>	<p><b>YES</b>, specifically, in the prehospital setting, the BH physician/Base MICN may give orders for medications defined in the Local EMS Agency's Formulary &amp; any approved MICN SOPs for the individual Air Ambulance.</p>	<p><b><u>B&amp;P Code, Article 2, Section 2725(2):</u></b>          "Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.  <b><u>Title 16 CCR, Article 7, 1471 (c):</u></b>          "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions."  <b><u>Title 16 CCR, Article 7, 1474 (c)(1-11):</u></b>          "Each standardized procedure shall:          (1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.          (2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.          (3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.          (4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.          (5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.          (6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.          (7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.          (8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.          (9) State the limitations on settings, if any, in which standardized procedure functions may be performed.          (10)Specify patient record keeping requirements.          (11)Provide for a method of periodic review of the standardized procedures.  <b><u>H&amp;S 1797.56</u></b>          "Authorized registered nurse," "mobile intensive care nurse," or "MICN"</p>

Question	Answer	Statute/Regs/Policy
		<p>means a registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code and <b>who has been <u>authorized by the medical director of the local EMS agency as qualified to provide prehospital advanced life support</u></b> or to issue instructions to prehospital emergency medical care personnel within an EMS system <b>according to <u>standardized procedures developed by the local EMS agency</u></b> consistent with statewide guidelines established by the authority. Nothing in this section shall be deemed to abridge or restrict the duties of functions of a registered nurse or mobile intensive care nurse as otherwise provided by law.”</p>
<p>3) The base station Medical Director signs standardized procedures that go to the Local EMS Agency for approval. In that situation, is Nor-Cal the Medical Control or is the base station the Medical Director?</p>	<p>The Local EMS Agency’s Medical Director establishes the policies and procedures. The BH physician provides direct medical control and oversight based on the Local EMS Agency’s established policies and procedures.</p>	<p><u>H &amp; S 1797.58</u>  “Base Hospital” means one of a limited number of hospitals which, upon designation by the local EMS agency and upon the completion of a written contractual agreement with the local EMS agency, is responsible for directing the <b>advanced life support system</b> or limited advanced life support system and prehospital care system assigned to it by the local EMS agency.”  <u>H &amp; S 1797.59</u>  “Base hospital physician” or “BHP” means a physician and surgeon who is currently licensed in California, who is assigned to the emergency department of a base hospital, and who has been trained to issue advice and instructions to prehospital emergency medical care personnel consistent with statewide guidelines established by the authority...”  <u>H &amp; S 1798.(a) – (c)</u>  “(a) The <b>medical direction and management of an emergency medial services system shall be under the medical control of the medical director of the local EMS agency.</b> This medical control shall be maintained in accordance with standards for medical control established by the authority.  (b) <b>Medical control shall be within an EMS system which complies with the minimum standards adopted by the authority, and which is established and implemented by the local EMS agency.</b>  (c) <b>In the event a medical director of a base station questions the medical effect of a policy of a local EMS agency,</b> the medical director of the base station shall submit a written statement to the medical director of the local EMS agency requesting a review by a panel of medical directors of other base stations...”  <u>H &amp; S 1798.2</u>  <u>“The base hospital shall implement the policies and procedures established by the local EMS agency and approved by the medical director of the local EMS agency for medical direction of prehospital</u></p>

Question	Answer	Statute/Regs/Policy
		<p><b><i>emergency medical care personnel.”</i></b>  <u>Title 22, Division 9, Chapter 4, Section 100168(a):</u>            A local EMS agency with an advanced life support system shall designate a paramedic base hospital(s) or alternative base station, pursuant to H&amp;S Code Section 1798.105 if no qualified base hospital is available to provide medical direction, <b><i>to provide medical direction and supervision of paramedic personnel.”</i></b>  <u>Title 22, Division 9, Chapter 4, Section 100145(c):</u>            A paramedic or a licensed paramedic, as a part of an <b><i>organized</i></b> EMS system, while caring for patients in a hospital as part of his/her training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the H &amp; S Code, <b><i>may perform the following procedures or administer the following medications when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.”</i></b>  <u>Title 22, Division 9, Chapter 4, Section 100169:</u>            “The medical director of the local EMS agency shall establish and maintain medical control in the following manner:            (a) Prospectively, by assuring <b><i>the development of written medical policies and procedures, to include at a minimum:</i></b>            (1) <b><i>Treatment protocols</i></b> that encompass the paramedic scope of practice.            (2) <b><i>Local medical control policies and procedures</i></b> as they pertain to the paramedic base hospitals, alternative base stations, paramedic service providers, paramedic personnel, patient destination, and the local EMS agency.”            (3) Criteria for initiating specified emergency <b><i>treatments on standing orders</i></b> or for use in the event of communication failure that is consistent with this chapter.            (4) Criteria for <b><i>initiating specified emergency treatments prior to voice contact</i></b>, that are consistent with this Chapter.”</p>
4) May another physician give medication/procedure orders for interfacility transfers?	<b>YES</b> , specifically, medications that are given to a patient during an interfacility transport must be	See support information for question #4.

Question	Answer	Statute/Regs/Policy
	written by the transferring physician. In addition, if further orders are needed by the patient en route, the BH physician may give an order from either the Local EMS Agency's Policy Manual or any approved MICN SOPs for that Air Ambulance provider.	
5) If a physician gives orders for a medication not included in the Local EMS Agency's formulary, may the RN administer it?	<p><b>YES, subject to the following:</b>          Only a BH physician or a transferring physician may give orders to a Field MICN. Medications carried and administered must be <u>written orders from transferring physician, Local EMS Agency protocols</u>, and any <u>approved</u> MICN SOPs (see question #4). Specific supplies/medications needed during an interfacility transport for a specific type of patient are carried for that transport only. Each IFT stands alone and requires the orders to be written, unless you develop a SOP for that intervention or medication.</p>	<p><b>Title 22, Division 9, Chapter 8, Section 100306(c):</b>          "Each EMS aircraft <i>shall have on-board equipment and supplies commensurate with the scope of practice of the medical flight crew as specified by the classifying EMS agency. This requirement may be fulfilled through the utilization of appropriate kits (cases/packs) which can be carried on a given flight to meet the needs of a specific type of patient and/or additional medical personnel not usually staffing the aircraft.</i>"</p>
6) Is an Air Ops considered an "organized health care system" for the purposes of developing standardized procedures for nurses?	<p><b>YES</b> – In our Local EMS Agency region, the SOPS may be developed by the Air Ambulance provider, but must be approved by the BH physician or the air ambulance provider's</p>	<p><b>Title 16 CCR, Article 7, 1471 (b):</b>          "Organized health care system:" <i>means a health facility which is not license pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes</i>, but is not limited to clinics, home health agencies, physicians' offices and public or community health services."</p>

Question	Answer	Statute/Regs/Policy
	Medical Director. Final approval is given by the Local EMS Agency's Medical Director.	
7) May the Base Hospital develop standardized procedures for Air Ops nurses to follow in the following situations?	<b>YES</b> – When the Medical Director for the Base Hospital, is the Medical Director for the Air Ops, they would be the approving authority, along with the Local EMS Agency, and may develop the standardized procedures or work with the Air Ambulance agency to develop them.	<p><b>Title 16 CCR, Article 7, 1471 (c):</b>          “Standardized procedures” means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.”  <b>B &amp; P Code of California, Article 2(c):</b> “Standardized procedures,” used in this section, means either of the following:          (1) Policies and protocols developed by a health facility licensed pursuant of Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.          (2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing g with section 1230) of Division 2 of the Health and Safety Code. The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered buy the Board of Registered Nursing.</p> <p><b>H&amp; S 1797.56</b>          “Authorized registered nurse,” “mobile intensive care nurse,” or “MICN” means a registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code and <b>who has been authorized by the medical director of the local EMS agency as qualified to provide prehospital advanced life support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local EMS agency</b> consistent with statewide guidelines established by the authority. Nothing in this section shall be deemed to abridge or restrict the duties of functions of a registered nurse or mobile intensive care nurse as otherwise provided by law.”</p>
a) On 911 calls if approved by NorCal?	<b>YES</b>	
b) On interfacility transfers?	<b>YES</b> – If approved by the local EMS Agency.	
8) Is a non-Board Certified ER physician qualified to act in the	<b>YES</b> If it is determined by the	<b>Title 22, Division 9, Chapter 4, Section 100168(8):</b> “Designate a paramedic base hospital medical director who shall be a



Question	Answer	Statute/Regs/Policy
capacity of Medical Director at the Base Hospital.	Medical Director of the Local EMS agency that a physician with these qualifications is not available, then a non-Board Certified ER physician may function as the BH Medical Director.	physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. <b><i>The requirement of board certification or prepared for certification may be waived by the medical director of the local EMS agency when the medical director determines that an individual with these qualifications is not available.</i></b>